

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERMargaret Arbrough
Garnther104
CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Age

Years

Months

Days

of death 1906

Dec

5-

81-

11

5

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Garnther Md

Married, Single
or WidowedName of Wife or
Husband

Geo Arbrough

Father's
Name

Chas Jantz

Father's
Birthplace

Md

Mother's
Maiden Name

Catharine Jawney

Mother's
Birthplace

"

Name of person giving
information

Albert Garnther

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Senility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. N. Arbrough MD

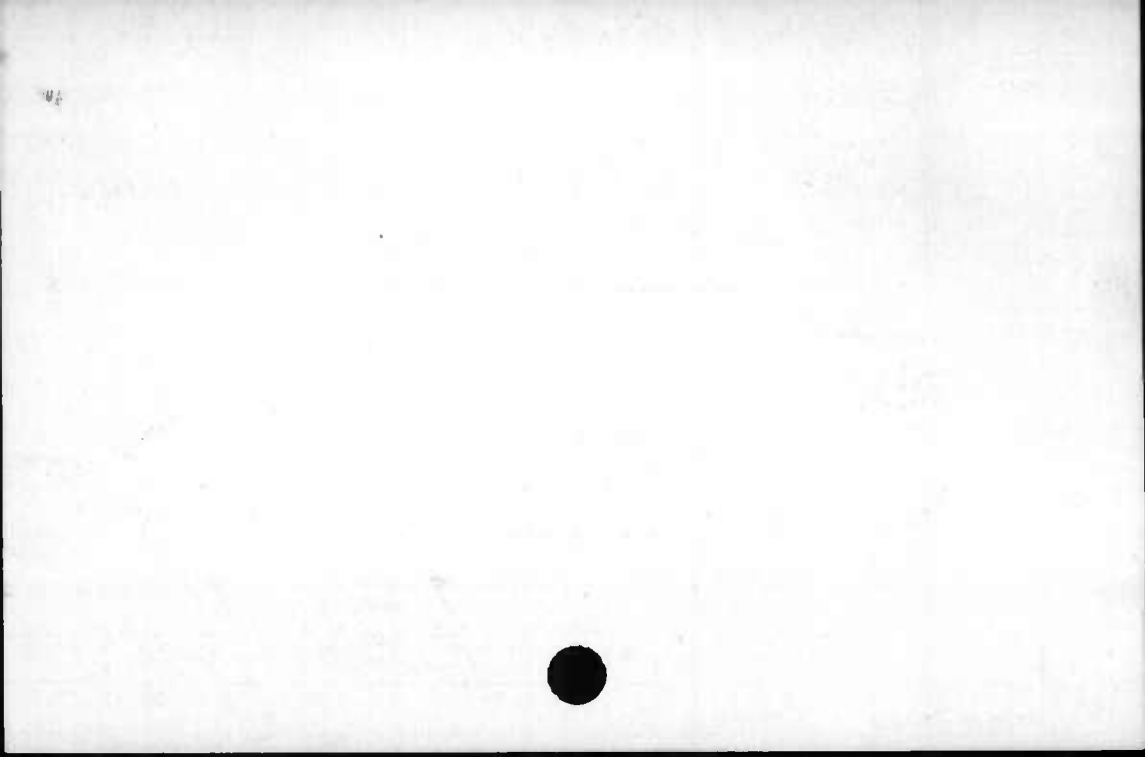
Garnther

Md

Accident or Suicide?



Name In Full Peter J. Babylon		Town Mayberry		County Carroll		CERTIFICATE OF DEATH	
Died at		Month Dec		Day 24		Years 70	
Date of death		1906		5		18	
Sex Male		Color or Race White		Birth-place Ind		MAYLAND	
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband Amanda E. Hillside					
Father's Name Samuel Babylon		Father's Birthplace Ind					
Mother's Maiden Name Susan Slider		Mother's Birthplace Ind					
Name of person giving information Brother Wm Babylon		How related to deceased brother					
CAUSES OF DEATH							
Primary		Unknown		How long 106			
Immediate		Chronic diarrhea		How long 6 mos			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Levinia		Address Parrytown	
Accident or Suicide?							



Name in Full		111 CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster		County Garroll		MARYLAND	
	Date of death	1906	Month Dec	Day 27	Age	Years 29	Months 11	
	Sex Female		Color or Race White		Birth-place Maryland			
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed Married		Name of Wife or Husband Franklin J Bachman					
	Father's Name Joseph C Jones				Father's Birthplace Md			
Mother's Maiden Name Lamanda Lohr				Mother's Birthplace Pa				
Name of person giving information J. J Bachman				How related to deceased Husband				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Albuminuria		How long 2 days			
	Immediate		Uremia		How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician W. B. Zitt			
					Address Westminster Md			
	Accident or Suicide?							



Name
in
Full

Margaret Jane Baumgardner.

CERTIFICATE OF DEATH

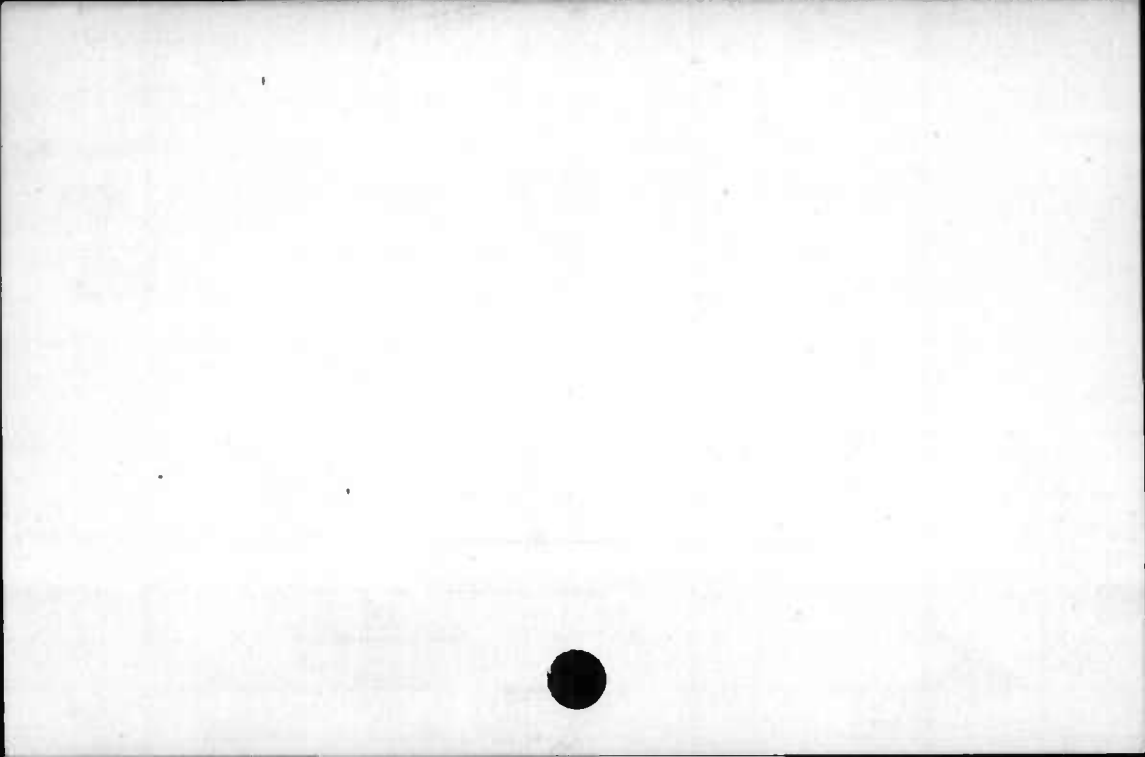
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Garrett</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month <i>12</i>	Day <i>3</i>	Age <i>75</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Baumgardner.</i>				
Father's Name <i>Samuel Bowers</i>	Father's Birthplace <i>Adams Co. Pa.</i>				
Mother's Maiden Name <i>Catherine Roudredon</i>	Mother's Birthplace <i>Adams Co. Pa.</i>				
Name of person giving information <i>Reuben Bowers</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Diarrhoea</i>	How long <i>one year -</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Seis</i>
	Address <i>Garrett, Md.</i>
Accident or Suicide? <i>_____</i>	



Name in Full

Certificate of Death

Laura Elisabeth Ballinger

Town

County

Died at *Alisia**Carroll*

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
06	12	31	37	7	26		Ind	Housewife
Male	White	Married					Widow	
Female	Colored	Single					Widower	
Number of children living								1

Husband of

Wife

Father's

Name

*John Ballinger**Peter F. Shaver* Maiden Name

Mother's

Nancy Harris

Cause of

Primary

Heart Trouble + Dropsy

How long sick

6 months

Death

Immediate

Gangrene + Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. S. W. Rush.

Address

*(over)**Beckleyville,*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind.

LIBRARY BUREAU, 78888

Mother's birth-place -
Carrico Co., Ind.

Father's birth-place
Bates Co., Ind.

Name
In
Full

Elizabeth Bucky

153

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Union Bridge Town Carroll County
 Date of death 1906 12 29 Month Day Years Age 76
 Sex Female Color or Race white Birth-place Ind.
 Occupation House wife Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Geo. P. Bucky Sr.
 Father's Name Jacob Shriners Father's Birthplace Penn.
 Mother's Maiden Name Mary. E. Shriners Mother's Birthplace " "
 Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic interstitial nephritis How long 6 months
 Immediate Complication How long 3 weeks
 Are the name, age, sex, color, date and place correctly given above? ☒
 Signature of Physician D. E. S. Hoff
 Address Union Bridge
Ind.
 Accident or Suicide?



Name

in
Full

103

CERTIFICATE OF DEATH

Catharine C Crass

Town

County

MARYLAND

Died at Westminster

Carroll

Date

of death 1906 Dec

Month

Day

Age

Years

16

Months

Days

1

Sex

Female

Color or
Race

white

Birth-
place

Germany

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

George C Crass

Father's
Name

Nicholas Seagle

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Seagle

Mother's
Birthplace

do

Name of person giving
Information

Geo C Crass

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pneumonia

How long

one week

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?

No

Signature of
Physician

W. S. Batt

Address

Westminster Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Shaner

St Johns Cemetery

Name
in
Full

Lucinda Dorsey

No. 114
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1906* ^{Year} *Dec* ^{Month} *29* ^{Day} Age *48* ^{Years} Months *4* ^{Months} Days *3* ^{Days}

Sex *Female* Color or Race *Colored* Birthplace *Carroll Co Md*

Occupation *Housekeeper* Where Residing if not at place of death *Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Andrew Dorsey*

Father's Name *Henry Gray* Father's Birthplace *Carroll Co Md*

Mother's Maiden Name *Elizabeth Bowen* Mother's Birthplace *" " "*

Name of person giving information *Andrew Dorsey* *42* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer Uterine* How long *6 mos*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. R. Fort*

Address *Westminster Md*

Accident or Suicide? *No*

Ellsworth Cemetery.
Stouev.

Name in Full

Certificate of Death

151

Andrew Efferts
 Died *Mar* *Union Bridge* Town *Carroll* County *MARYLAND*

1966 Date *12* *10* Month Day
 Age *62* Y. M. D. *Ma* Native of *Farmer* Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *4*

Husband of *Ebenezer Efferts*
 Wife

Father's Name Mother's Name

Cause of Death { Primary *Cardiac disease* Immediate *Dropsy* }
 How long sick *99*
 Accident, Suicide, Homicide

Reported by *James Watt. Md.*
 Address *Union Bridge* *(over)*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's name -
Jacob Ebberts
Birth-place - Littleton, Pa.

Mother's name -
Rebecca Menzies -
Birth-place - Littleton, Pa.

Name
in
Full

Agnes E. Eble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Lykesville*^{County} *Carroll*Date of death ^{Month} *December* ^{Day} *17th* ^{Years} *1906*Age *58*

Months

Days

Sex *Female*Color or Race *White*Birthplace *Mo.*Occupation *Mid-wife*Where Residing if not at place of death *-*Married, ~~Single~~
or ~~Widowed~~Name of Wife or Husband, *Eble*Father's Name *James King*Father's Birthplace *Mo.*Mother's Maiden Name *?*Mother's Birthplace *Mo.*Name of person giving information *Jennie Meedon*How related to deceased *(Friend)*

CAUSES OF DEATH

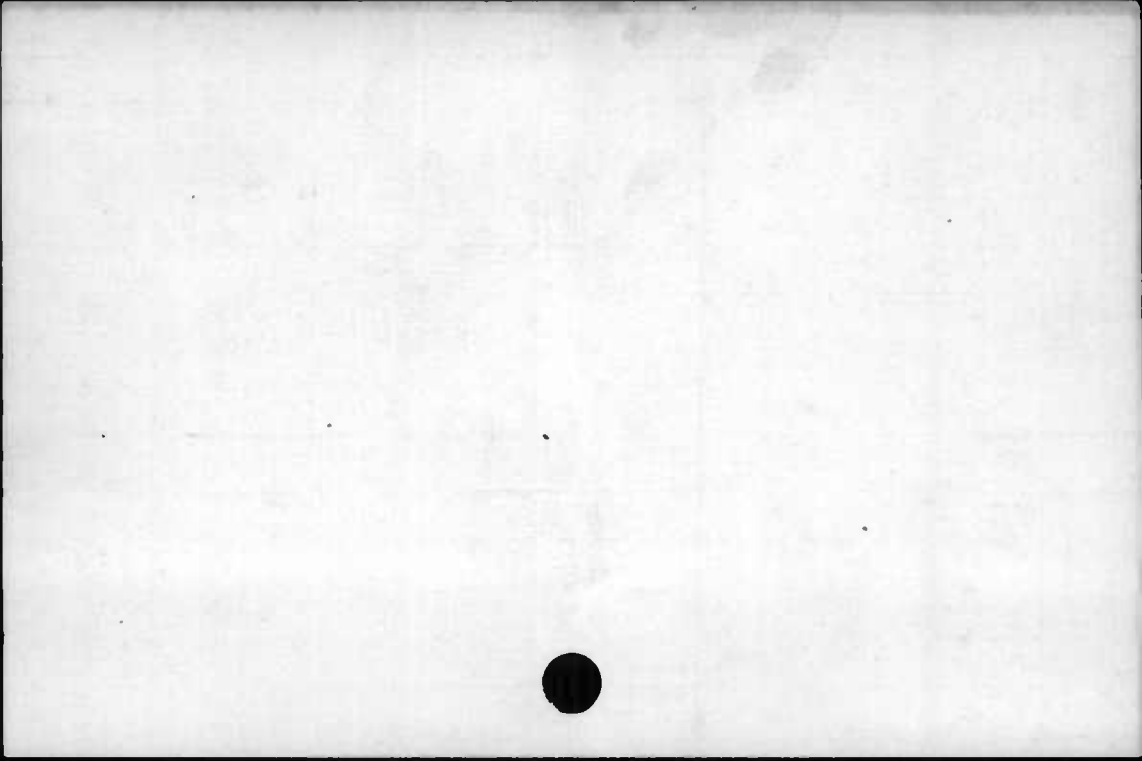
Primary *Organic Heart Lesion*How long *about 4 months*Immediate *Exhaustion*How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

John Norfolk Morris, M.D.

Address

*Springfield Hosp. Lykesville**Carroll Co. Maryland*Accident or Suicide? *-*PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

William L. Folk

Died ~~at~~ ^{Place} Near Flesia ^{County} Carroll

MARYLAND

Date ~~1906~~ 1906 Month Dec. Day 9 Age 19-2-7 Y. M. D. Native of America Occupation + + +

Male White Married Widow ~~Divorced~~

~~Female~~ Colored Single Widower Number of children living

Husband
of
WifeFather's
Name George FolkMother's
Name Martha Lawson

Cause of Primary Diabetes How long sick About 2 years

Death Immediate Chronic Coma 50 Accident, Suicide, Homicide

Reported by

Address

J. J. B. Weaver M.D.
Manchester over Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79705

Father's birth-place -
Baltimore Co., Md.

Mother's birth-place -
Carroll Co., Md.

Name
in
Full

CERTIFICATE OF DEATH

Bargada Fulmer

Town

County

MARYLAND Md

Died at

Melrose

Barroll

Date

of death

1906

Month

Dec.

Day

11

Age

Years

52

Months

9

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

House wife

Where Residing if not
at place of death

Melrose

Married, Single
or Widowed

Name of ~~deceased~~
Husband

Criston Fulmer

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Corria Krutger

How related
to deceased

Granddaughter

CAUSES OF DEATH

Primary

Ulcer of stomach

How long

Three months

Immediate

Paralysis

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

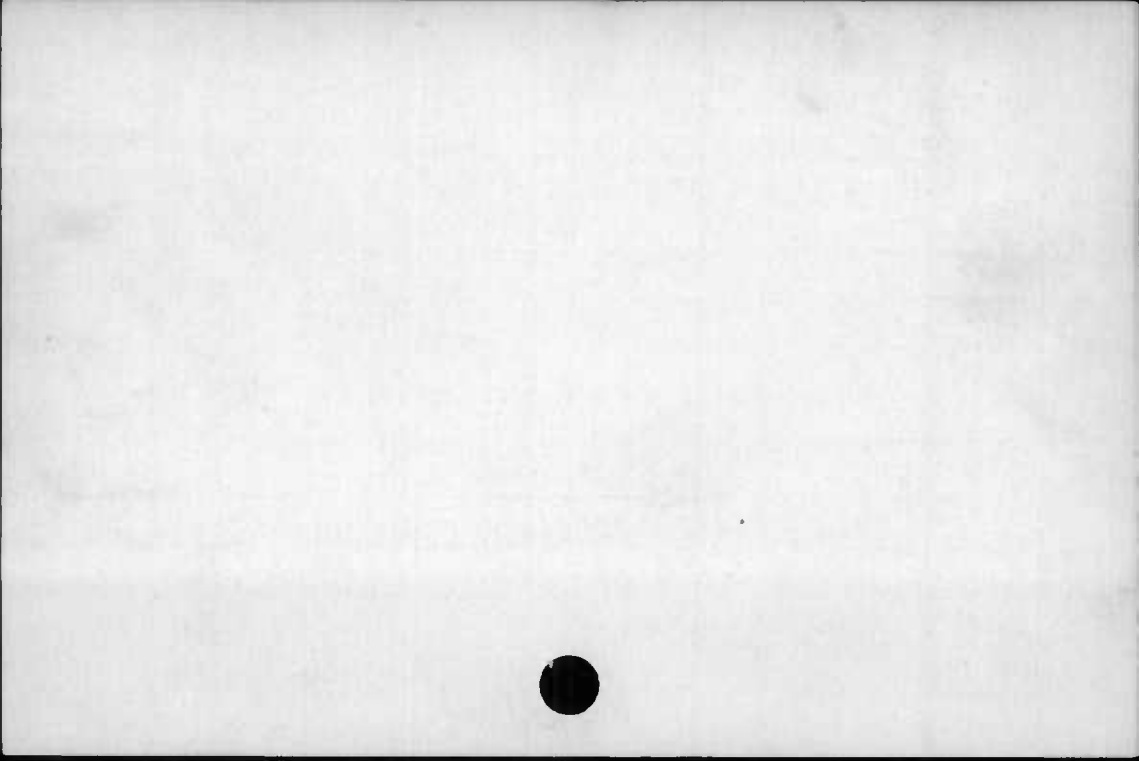
Address

W. Preston
Manchester
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles Edgar Gosnell JAN 13 1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandyville</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>29</i>	Age <i>22</i>	Months <i>2</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Daniel, Md.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Daniel, Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Gassaway G. Gosnell</i>			Father's Birthplace <i>Carroll Co., Md.</i>		
Mother's Maiden Name <i>Susan R. Tanner (deceased)</i>			Mother's Birthplace " " "		
Name of person giving information <i>Gassaway G. Gosnell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>69</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. P. Nath & Son.</i>
	Address <i>(Undertakers.) Winfield, Md.</i>
Accident or Suicide?	

E. Bruegel

Name
in
Full

Miranda Gratz -

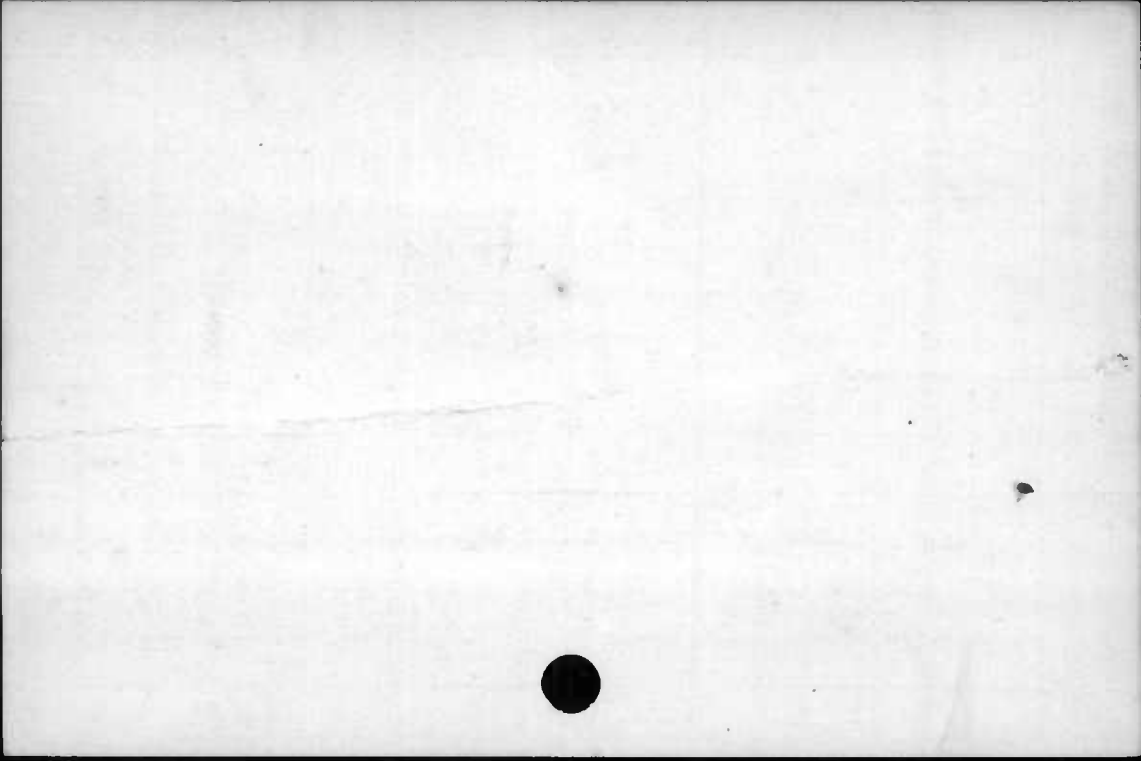
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rykeville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1906	Month	Dec.	Day	24	Age	57
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Pa.</i>		Months	
Occupation <i>Housekeeper.</i>		Where Residing if not at place of death		-			
Married, Single or Widowed		Name of Wife or Husband <i>Felix Gratz</i>					
Father's Name <i>—</i>		Father's Birthplace <i>Pa.</i>		Mother's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>?</i>		How related to deceased <i>Husband</i>		Name of person giving information <i>Felix Gratz</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Colitis</i>	How long	<i>about 2 mos.</i>
	Immediate	<i>Malnutrition</i>	How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Norfolk Morris M.D.</i>	
	Address <i>Springfield Hospital, Rykeville, Carroll, Md.</i>		Accident or Suicide? <i>No.</i>	



Name
in
Full

Mimrod F. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Woodbine* ^{County} *Carroll* **MARYLAND**

Date of death *1906* ^{Month} *Dec.* ^{Day} *9* ^{Years} *79* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Carpenter* Where Residing If not at place of death

~~Married, Single~~
~~or Widowed~~

Name of Wife or Husband

Fether's Name

Kingey Harrison

Father's Birthplace

Md.

Mother's Maiden Name

Myllinda Fitzjames

Mother's Birthplace

Name of person giving information

W. H. Miles

How related to deceased

Son in law

CAUSES OF DEATH

Primary

Nephritis

How long

Several years

Immediate

Coma

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

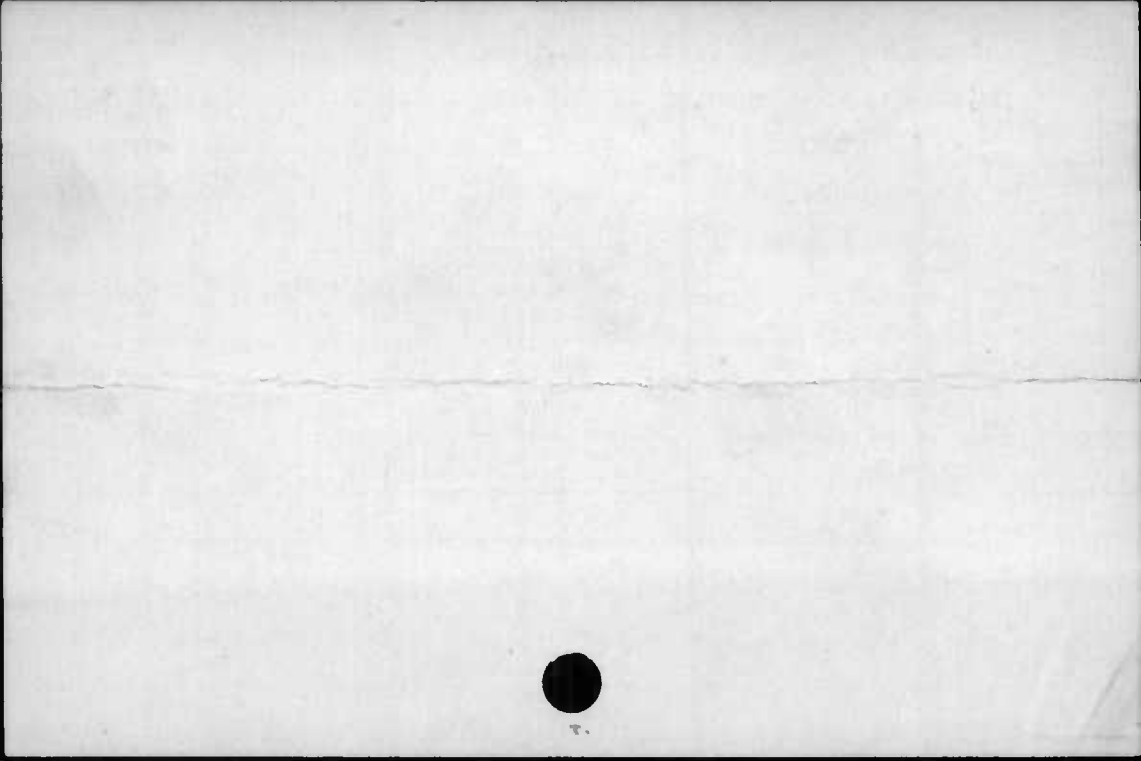
Don't know

Signature of Physician

Address

*J. W. Lacy**Lisbon**Md.*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Ezra L Hawk

CERTIFICATE OF DEATH

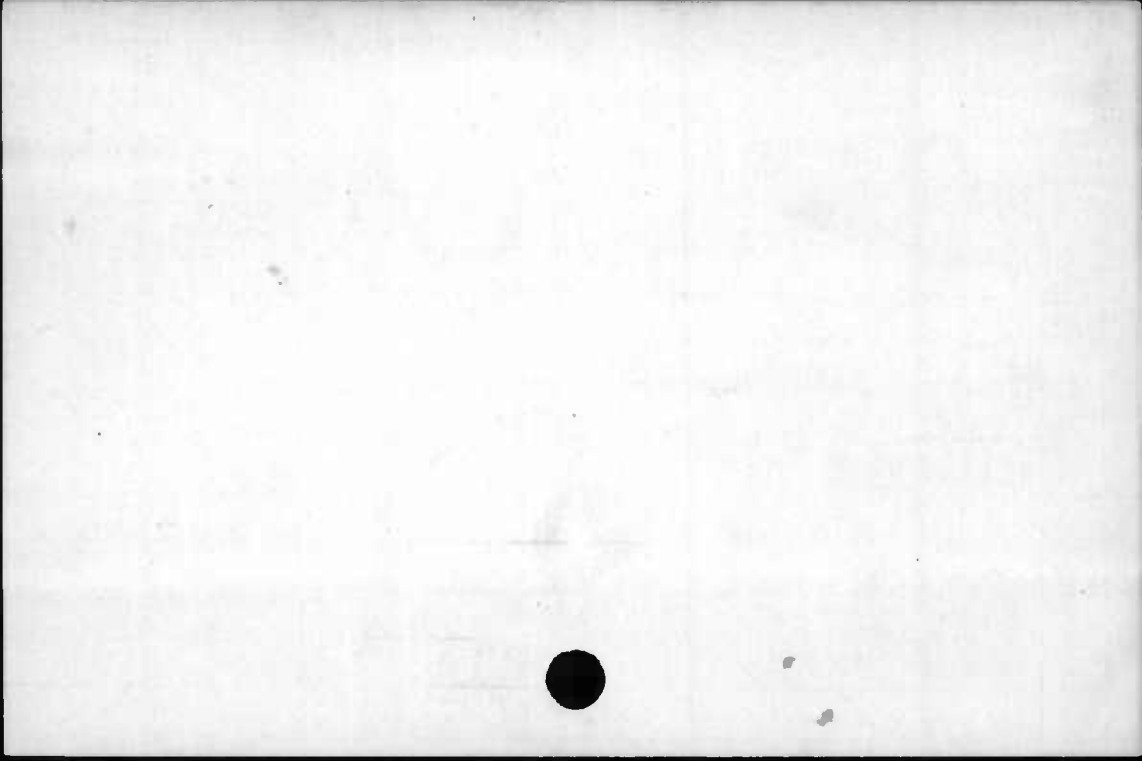
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Taneytown		County Carroll		MARYLAND	
Date of death		1906	Month 12	Day 12	Age 69	Years 6	Months 6
Sex Male		Color or Race White		Birth-place Md			
Occupation Farmer		Where Residing if not at place of death Near Town					
Married, Single or Widowed		Name of Wife or Husband Rebecca Hawk					
Father's Name Peater Hawk		Father's Birthplace Md					
Mother's Maiden Name Eliza Hawk		Mother's Birthplace Md					
Name of person giving information Nehemiah Hawk		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	7 days -
Immediate	Respiratory Failure	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chandos M. Benner M.D.	
Address		Taneytown - Md -	
Accident or Suicide?		—	



Name
in
Full

Emanuel Hillebride

CERTIFICATE OF DEATH

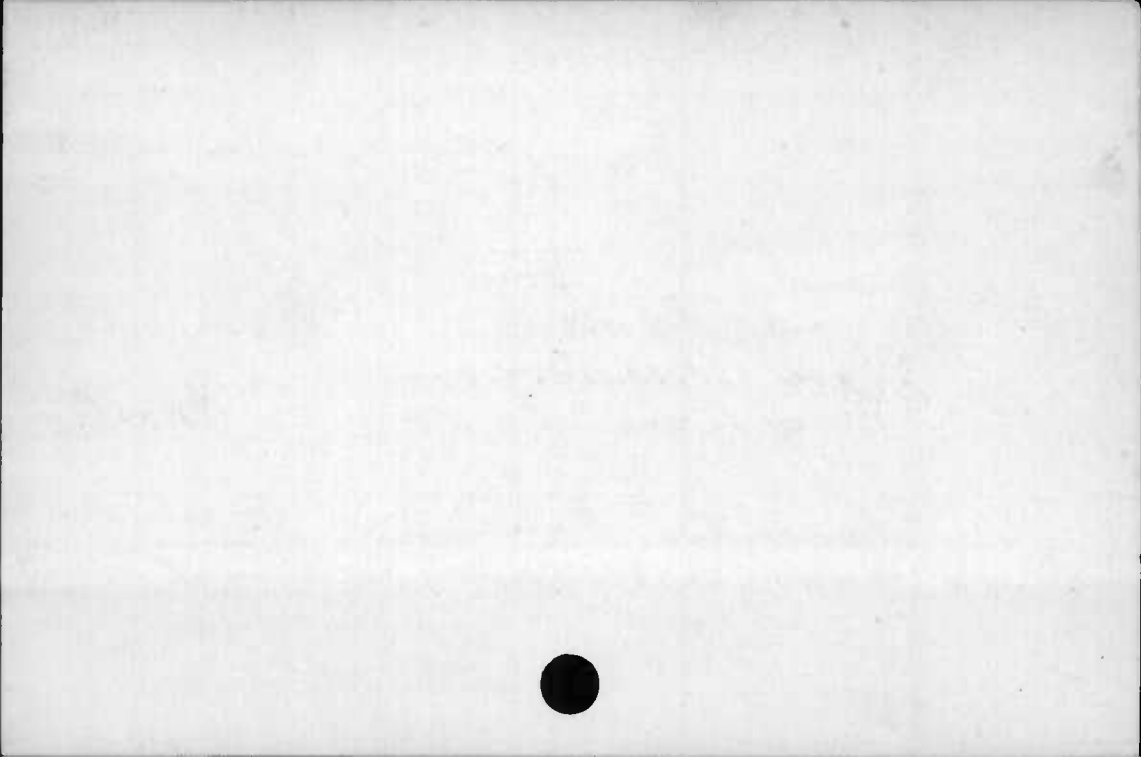
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryberry</i> ^{Town}		<i>Baroo</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec.</i>	Day <i>2</i>	Age <i>69</i> ^{Years}	Months <i>7</i> Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, <i>Single</i>		Name of Wife or Husband <i>Ellen Hillebride</i>			
Father's Name <i>John Hillebride</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Catherine Humbert</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Edgar Hillebride</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Albuminuria</i>	How long <i>18 mos</i>
Immediate	<i>Asphy</i>	How long <i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Le Berrier</i>
		Address <i>Taneytown</i>
Accident or Suicide?		



Name
in
Full

Mary Elizabeth to Logue

189
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll

MARYLAND

Date of death 1906 Dec 22 Age 30 Months 2 Days 3

Sex Female Color or Race White Birthplace Carroll Co Md

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Howard Logue

Father's Name Edward Beard Father's Birthplace Carroll Co Md

Mother's Maiden Name Mary Rouborger Mother's Birthplace " " "

Name of person giving information Mary Rouborger How related to deceased Mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Placenta previa How long 2 weeks

Immediate Hemorrhage How long About hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. J. Gorman M.D.

Address Westminster

Accident or Suicide?

Smallwood Cemetery

Name
in
Full108.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>McBorty</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>20</i>	Age	Years	Months <i>8</i> Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William J. McBorty</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Minnie C. Kelley</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>William McBorty</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gangrene of Throat</i>	How long	
Immediate	<i>Gangrene of Throat</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. D. Wells</i>	
		Address <i>146 Main St</i>	
Accident or Suicide?			

St Johns

Name
in
Full

Phillips Alexander Marsh

CERTIFICATE OF DEATH

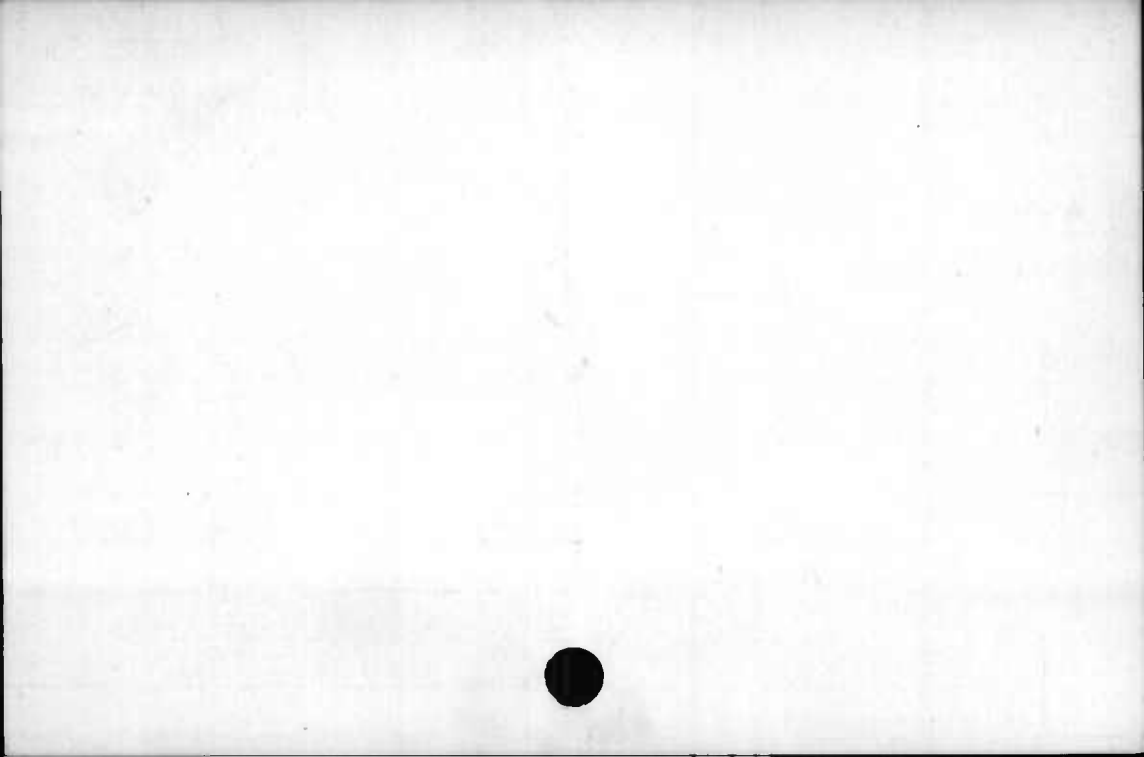
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sykesville</u> <small>Town</small>		<u>Barrore</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>Dec</u>		<u>27</u> <small>Day</small> <u>—</u> <small>Years</small>		<u>2</u> <small>Months</small> <u>8</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Sykesville, Md.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Rev J. Tolly Marsh</u>		Father's Birthplace <u>Ballo. Co. Md</u>			
Mother's Maiden Name <u>Sarah E. Watt.</u>		Mother's Birthplace <u>Hartford Co. Md</u>			
Name of person giving information <u>Mrs J. J. Marsh.</u>		How related to deceased <u>Mother</u>			

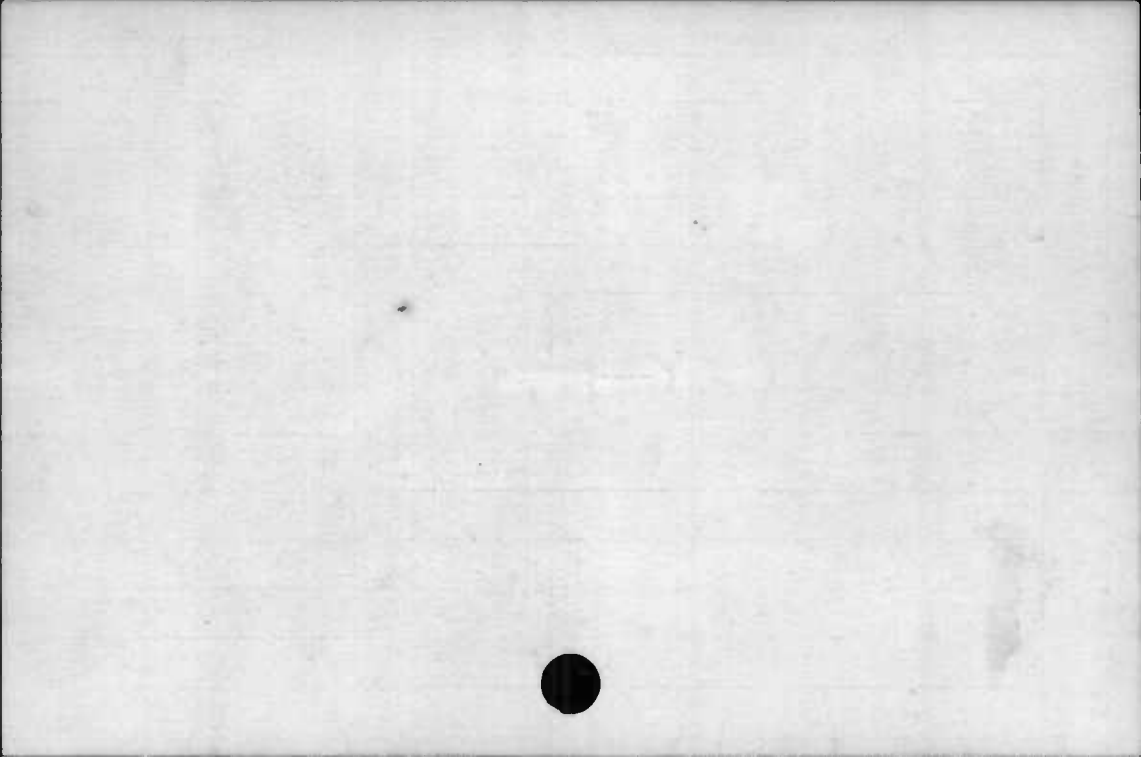
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus—</u>	How long <u>Since Birth</u>
Immediate <u>Inanition, causing failure of Heart</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Daniel B. Sprecher.</u>
	Address <u>Sykesville.</u>
	<u>Md</u>
Accident or Suicide?	



Name In Full		Margaret Marshall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sykesville	County Carroll		MARYLAND	
	Date of death	1906	Month Dec.	Day 3rd	Years 60	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Pa.	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	William Marshall				Father's Birthplace	Ireland
	Mother's Maiden Name	Fannie Caldwell				Mother's Birthplace	Ireland.
	Name of person giving information	Charles Henry Marshall				How related to deceased	Brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Colitis			How long	about six weeks.
	Immediate		Inanition			How long	-
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	
						Address	
	Accident or Suicide?		-			Springfield Hospital Sykesville, Carroll Co. Md.	



Name in Full

Certificate of Death

Samuel. Kustbaum
 Town County

152.

Died at *Near Union Bridge Carroll* MARYLAND

1906 Month *12* Day *15* Y. *58* M. D. Native of *Ind* Occupation *Painter*
 Date 189

Male White Married Widow ~~Dissevered~~
 Female Colored Single ~~Widower~~ Number of children living *2*

Husband of *Lebbie Kustbaum*

Father's Name *Jacob Kustbaum* Mother's Name *Mary A. Kustbaum*

Cause of Primary *Gastro Enteric* How long sick *6 months*

Death Immediate *collapse* *106* Accident, Suicide, Homicide

Reported by *(over) James Hatt. Md*

Address *Union Bridge Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Father's brick place -
Liberty, Ind. Co.

Mother's brick - place
Liberty, Ind. Co.

Name in Full		Emory A. Pickett				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at	Daniel -		Leannole		MARYLAND					
	Date of death	1906	Month	Dec	Day	15	Age	Years	Months	Days	
	Sex	Male		Color or Race		white		Birth-place		Daniel	
	Occupation	none		Where Residing if not at place of death							
	Married, Single or Widowed	single		Name of Wife or Husband							
	Father's Name	Shriver Pickett					Father's Birthplace		Daniel -		
	Mother's Maiden Name	F. Elizabeth Haines					Mother's Birthplace		Daniel -		
Name of person giving information	Shriver Pickett					How related to deceased		Father			
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary	Weak from Birth					How long	Six days			
	Immediate	Heart Failure					How long	One day			
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician				
						Address					
Accident or Suicide?					Wordkins						



Name
in
Full

CERTIFICATE OF DEATH

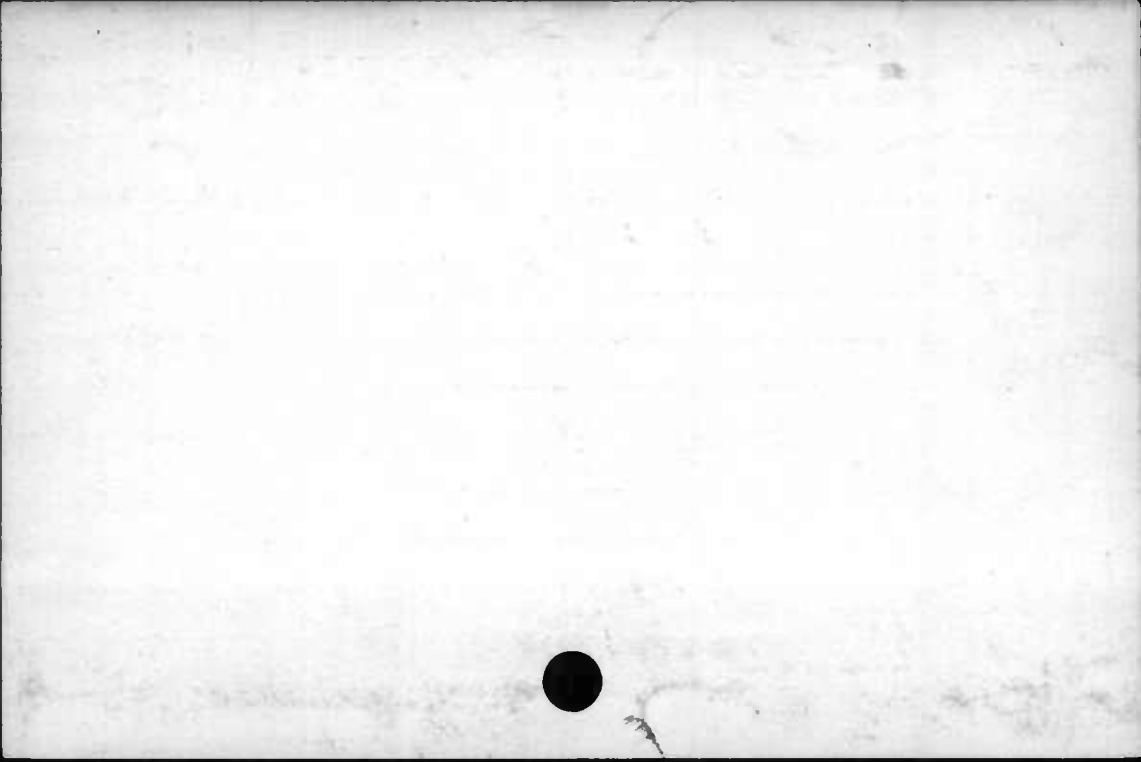
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Daneytown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND		
Date of death	<u>1906</u> ^{Year}	<u>Dec</u> ^{Month}	<u>30</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>14</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Daneytown</u>			
Occupation <u> </u>	Where Residing If not at place of death <u> </u>					
Married, Single <u>Single</u>	Name of Wife or Husband <u> </u>					
Father's Name <u>George L. Rodgers</u>	Father's Birthplace <u>Daneytown</u>					
Mother's Maiden Name <u>Alexandra Clingan</u>	Mother's Birthplace <u>Daneytown</u>					
Name of person giving information <u>George L. Rodgers</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition: Due to Premature Birth</u>	How long <u>14 days -</u>
Immediate <u>Inanition - Spasms -</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	Signature of Physician <u>Chandos M. Bernier M.D.</u>
	Address <u>Daneytown</u>
Accident or Suicide? <u> </u>	<u>Ind -</u>



Name
in
Full

Elizabeth A. Roof

110
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		County <u>Harold</u>		MARYLAND	
Date of death	1906	Month	Dec	Day	23
Age	80	Years	80	Months	7
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	West. Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Josiah Roof		
Father's Name	Nicholas Shaffer		Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Fisher		Mother's Birthplace	Ido	
Name of person giving information	Sallie L. Roof		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	4 or 5 weeks
Immediate	Stroke broken leg	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jan. H. Phillips
		Address	Westminster, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Windsor* ^{Town} *Carroll* ^{County}Date of death *1906* ^{Month} *Dec* ^{Day} *19* ^{Years} *18* ^{Months} *7* ^{Days} *23*Sex *male* Color or Race *White* Birth-place *Ind*Occupation *clerk in store* Where Residing if not at place of deathMarried, Single or Widowed *single* Name of Wife or HusbandFather's Name *John H. Bork* Father's Birthplace *Ind*Mother's Maiden Name *Vernie L. Bork* Mother's Birthplace *Ind*Name of person giving information *Preston B. Bork* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Chronic Bright's Disease* ^{How long} *10 months*Immediate *Coma* ^{How long} *very short time!*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

William Henry Harrison Saylor

Town

Detroit

County

Carroll

Date

of death

1906 Dec.

Month

Day

5

Age

Years

66

Months

9

Days

15

Sex

Male

Color or
Race

White

Birth
place

Johnsville, Md.

Occupation

Retired

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jacob Saylor

Father's
Birthplace

Johnsville, Md.

Mother's
Maiden Name

Susan Renner

Mother's
Birthplace

Frederick Co., Md.

Name of person giving
information

A. M. Diller

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Cerebral hemorrhage

How long

18 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. M. Diller

Address

Detroit,

Md.

Accident or Suicide?

—



Name in Full		No 105		CERTIFICATE OF DEATH	
Name		Town		County	
Died at		Mar 24		Barroll Co.	
Date of death		1906 Dec 24		Age 17	
Sex		Female		Color or Race	
Occupation		Sewing		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Samuel Schaffer		Father's Birthplace	
Mother's Maiden Name		Mary Ellen Kelbaugh		Mother's Birthplace	
Name of person giving information		John T. Kelbaugh		How related to deceased	
CAUSES OF DEATH					
Primary		Appendicitis		How long	
Immediate		Peritonitis		How long	
Are the name, age, sex, color, date and place correctly given above?		ye		3 days	
Signature of Physician		Thas R Foutz		5 day	
Address		Westminster		Mol	
Accident or Suicide?		—			

Jacob Wink Underbaker
Greenmount Cemetery

Name in Full *Anna Bell Snader*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

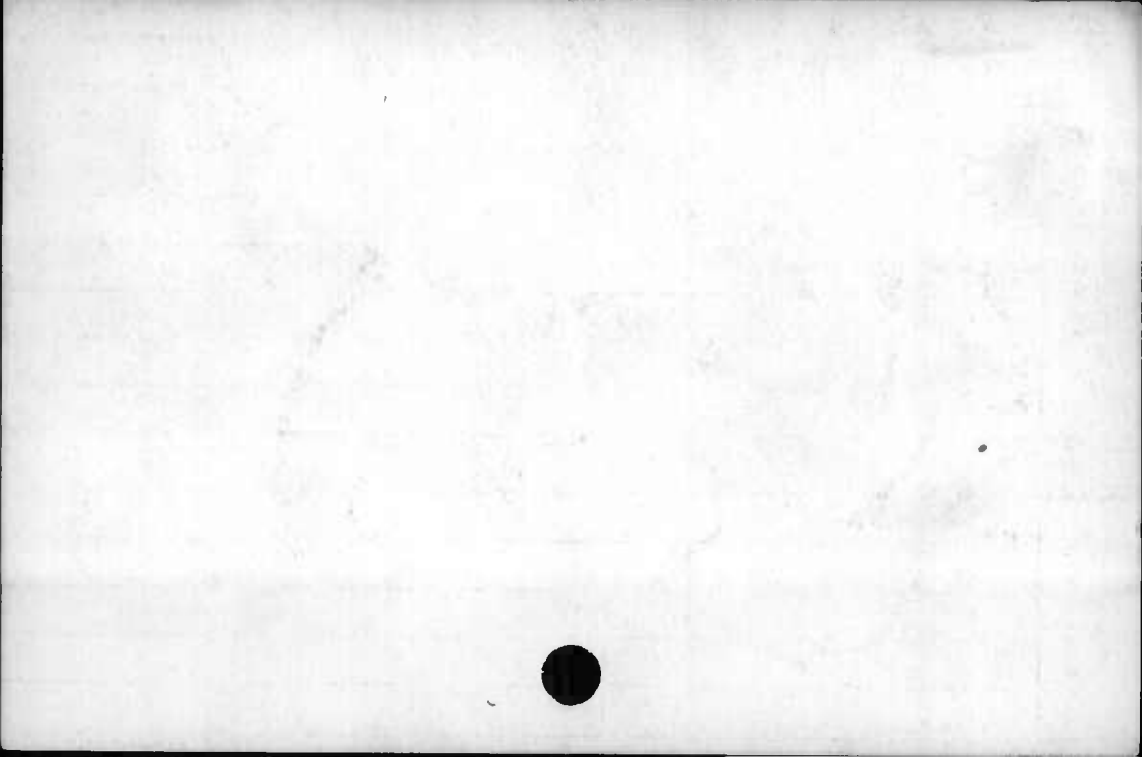
MARYLAND

Died at <i>New Uniontown</i>		Town <i>Carroll</i>		County	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>15</i>	Age <i>34</i>	Years <i>11</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Walter G. Snader</i>				
Father's Name <i>David J. Rork</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Hennoretta Ocker</i>	Mother's Birthplace <i>Ind</i>		How related to deceased <i>Husband</i>		
Name of person giving information <i>Walter G. Snader</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Anemia</i>	How long <i>One year</i>
Immediate <i>Unknown - Possibly paralysis of heart</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G.H. Brown</i>
	Address <i>New Windsor Ind</i>
Accident or Suicide?	



Name
in
Full

Marie Eliza Ann Talbott (Talbot)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>mar Eldersburg</u>			Town <u>Carroll</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>15</u>	Age	Years <u>85</u>	Months <u>11</u>	Days <u>16</u>		
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>					
Occupation <u>None</u>			Where Residing If not at place of death <u>same</u>					
Married Single or Widowed <u>Widow</u>			Name of Wife or Husband <u>Louis Talbot</u>					
Father's Name <u>Sam. Jordan</u>					Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Nancy Garrison</u>					Mother's Birthplace <u>md</u>			
Name of person giving information <u>Wm. Talbot</u>					How related to deceased <u>son</u>			

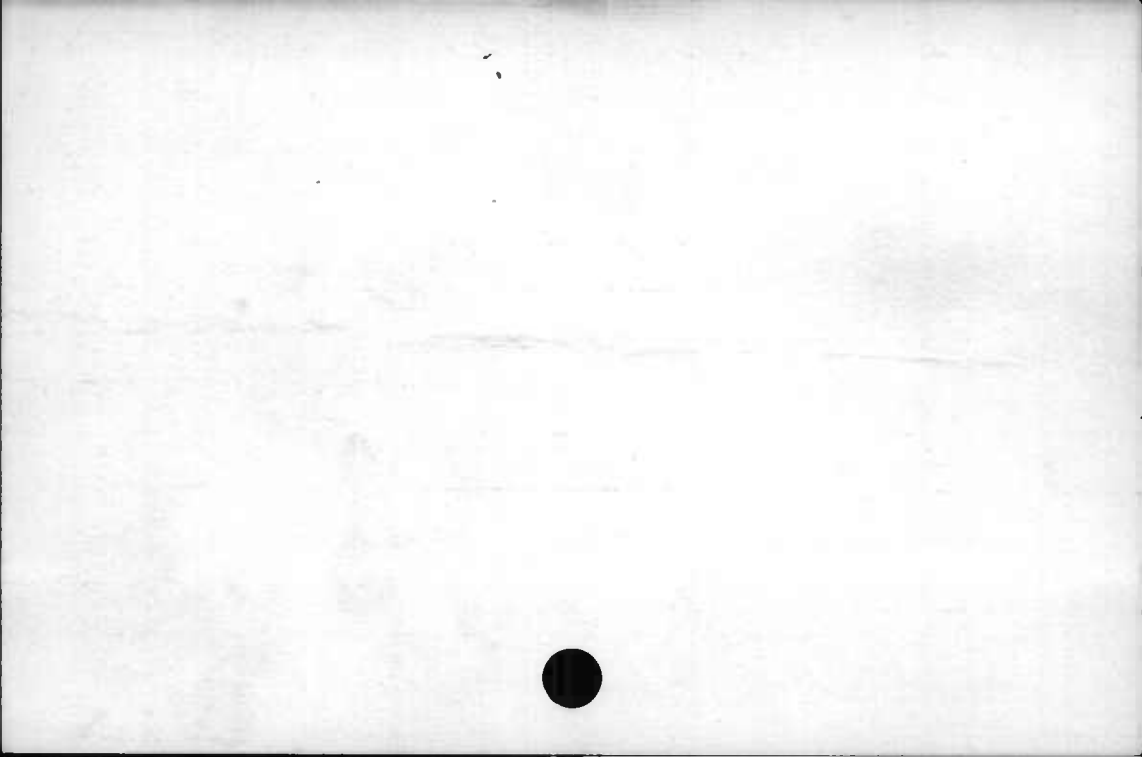
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senility</u>	<u>154</u>	How long	<u>-</u>
Immediate			How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician <u>MD Morris</u>	
			Address <u>Eldersburg</u>	
Accident or Suicide?		<u>-</u>	<u>md.</u>	



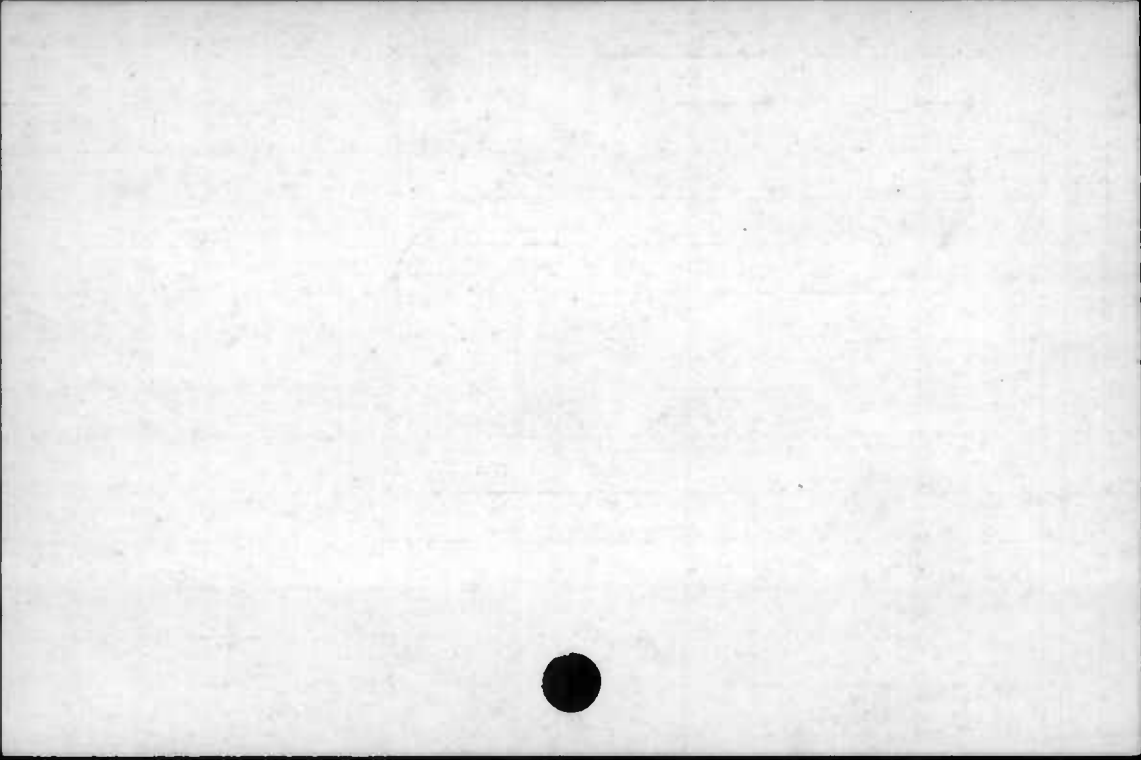
Name in Full		CERTIFICATE OF DEATH			
Joshua Wagner		TOWN Died at <i>Springfield Hospital</i> COUNTY <i>Carroll</i> MARYLAND			
Date of death		Month	Day	Years	Months Days
1906		Dec	1 st	34	
Sex		Color or Race		Birth-place	
male		White		Md	
Occupation		Where Residing if not at place of death			
None					
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
George Wagner		Bermann			
Mother's Maiden Name		Mother's Birthplace			
Amelia Zauber		Bermann			
Name of person giving information		How related to deceased			
Hospital records					
CAUSES OF DEATH					
Primary		How long			
Epileptic dementia		19			
Immediate		How long			
Org heart disease		2			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Chas. J. Leary			
		Address			
		Sykesville Md			
Accident or Suicide?					



Name in Full		No 113		CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Lydia</i> ^{Town} <i>Wesley</i> ^{County} <i>Carroll</i>		MARYLAND										
	Date of death	1906	Month	Dec	Day	28	Age	Years	81 -	Months		Days	
	Sex	Female		Color or Race	White		Birth-place	Carroll Co. Md.					
	Occupation	Retired		Where Residing if not at place of death		House							
	Married, Single or Widowed	Widow		Name of Wife or Husband		Helene <i>Wesley</i>							
	Father's Name	Leont Know		Father's Birthplace		"							
	Mother's Maiden Name	"		Mother's Birthplace		"							
Name of person giving information	<i>George Wesley</i>		How related to deceased		Son								
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>					How long	<i>4 weeks</i>					
	Immediate	<i>Exhaustion</i>					How long	<i>48 hrs</i>					
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	<i>Chas R Foutz</i>						
						Address	<i>Wheaton</i>						
Accident or Suicide?					<i>No</i>								

St Benignus Cemetery
Stoner

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Infant of Mr & Mrs Murod Wisner		TOWN	
		Died at <u>Hampstead</u>		County <u>Carroll</u>	
		Date of death <u>1906</u> <u>11</u> <u>2</u>		Age <u>—</u> Months <u>—</u> Days <u>—</u>	
		Sex <u>Male</u> Color or Race <u>White</u>		Birth-place <u>Hampstead</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Murod Wisner</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>—</u>		How related to deceased <u>—</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Still Born</u>		How long <u>—</u>	
		Immediate <u>Still Born</u>		How long <u>—</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. G. Wells, Jr., D.</u>	
		<u>Yes</u>		Address <u>Hampstead</u>	
		Accident or Suicide? <u>—</u>		<u>Md</u>	



Name
in
Full

CERTIFICATE OF DEATH

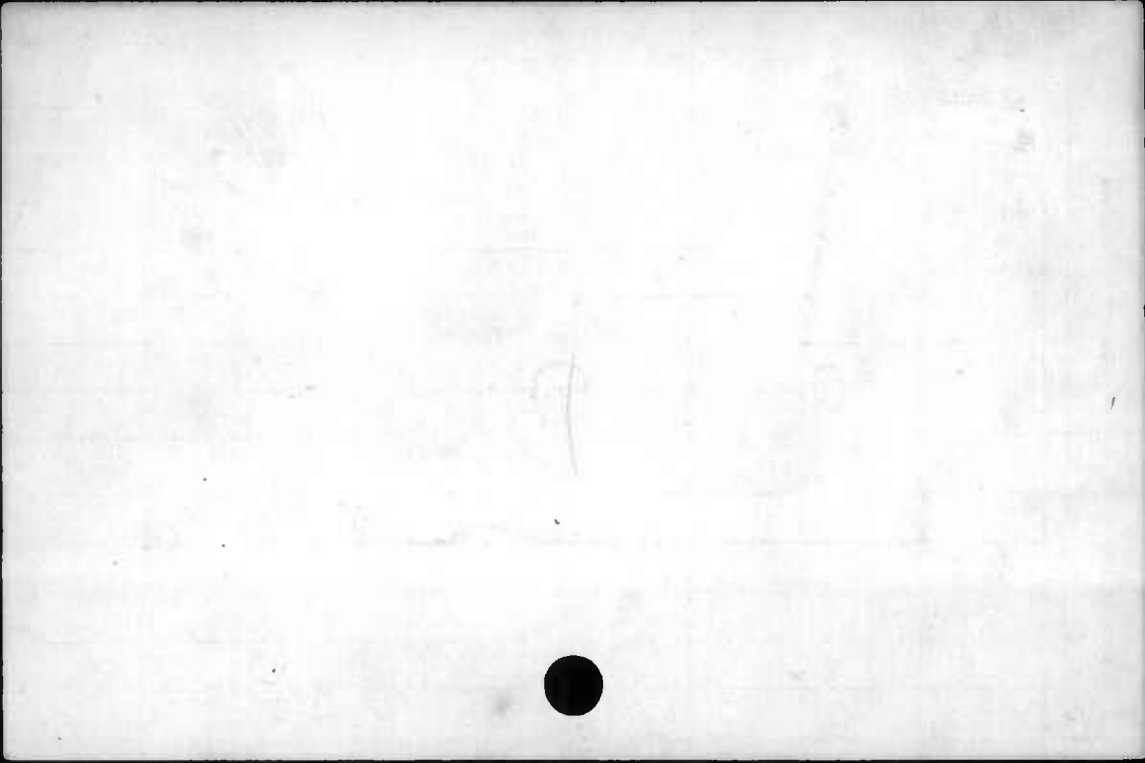
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Woodbine</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec</i>	Day <i>4</i>	Age <i>20</i>	Years <i>20</i>	Months <i>2</i>	Days <i>9</i>
Sex <i>male</i>	Color or Race <i>White</i>			Birth- place <i>Woodbine</i>			
Occupation <i>labor</i>	Where Residing if not at place of death <i>Woodbine</i>						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William Hall</i>		Father's Birthplace <i>Memphis Tenn Co Md</i>					
Mother's Maiden Name <i>Lida C Franklin</i>		Mother's Birthplace <i>Woodbine Md</i>					
Name of person giving information <i>William Hall</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arthritis of knee joint</i>	How long <i>two</i>
Immediate	<i>Tubercular Meningitis</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. T. Cronk</i>
<i>Yes.</i>		Address <i>Mt. Airy, Md.</i>
Accident or Suicide?		



Name
in
Full

Howard Zepp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Myers District</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND			
Date of death	<i>1906</i>	Month <i>12</i>	Day <i>18th</i>	Age <i>1</i>	Years <i>1</i>	Months <i>5</i>	Days <i>21</i>
Sex <i>male.</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Lewis Daniel Zepp.</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Jane Lukoman</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Lewis Daniel Zepp</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 day</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Giegbo M.D.</i>
	Address <i>Melrose Md.</i>
Accident or Suicide?	

